

APPLICATION DATA SHEET

Application Information

Application Type::	Continuation-in-Part
Title::	INSTRUMENT FOR ELECTROSURGICAL TISSUE TREATMENT
Attorney Docket Number::	A-21-1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	NO

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Paul
Middle Name::	O.
Family Name::	Davison
Name Suffix::	
City of Residence::	Montara
Country of Residence::	USA
Street of mailing address::	560 5 TH Street
City of mailing address::	Montara
State or Province of mailing address::	California
Country of mailing address::	USA
Postal or Zip Code of mailing address::	94037

Applicant Authority Type::	Inventor
Primary Citizenship Country::	France
Status::	Full Capacity
Given Name::	Jean
Middle Name::	
Family Name::	Woloszko
Name Suffix::	
City of Residence::	Mountain View
Country of Residence::	USA
Street of mailing address::	1694 Columbia Drive
City of mailing address::	Mountain View
State or Province of mailing address::	California
Country of mailing address::	USA
Postal or Zip Code of mailing address::	94040

Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	Tom
Middle Name::	
Family Name::	Jenkins
City of Residence::	Oakland
Country of Residence::	USA
Street of mailing address::	3750 McClelland Drive
City of mailing address::	Oakland
State or Province of mailing address::	California
Country of mailing address::	USA
Postal or Zip Code of mailing address::	94619

Correspondence Information

Correspondence Customer Number:: 021394
Name:: ArthroCare Corporation
Street of mailing address:: 680 Vaqueros Avenue
City of mailing address:: Sunnyvale
State or Province of mailing address:: CA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 94085-3523
Phone number:: (408) 736-0224
Fax Number:: (408) 530-9143
E-Mail address:: jraffle@arthrocare.com

Representative Information

Representative Customer Number:: 021394

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	10/187,733	June 27, 2002

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
PCT	PCT/US03/20574	6/27/03	Yes

Assignee Information

Assignee name:: ArthroCare Corporation
Street of mailing address:: 680 Vaqueros Avenue
City of mailing address:: Sunnyvale
State or Province of mailing address:: California
Postal or Zip Code of mailing address:: 94085-3523